

California Department of Education

**Application for Appointment to the 2002 Science  
Instructional Materials Advisory Panel (IMAP)  
Follow-Up Adoption**

**What is the role of a Science Instructional Materials Advisory Panel (IMAP) member?**

The Curriculum Development and Supplemental Materials Commission (Curriculum Commission) serves as an advisory body to the California State Board of Education (State Board) and appoints a panel of reviewers to study and recommend high quality and standards-aligned instructional materials for use in grades K-8. Instructional Materials Advisory Panel (IMAP) members play a significant role in the instructional materials adoption process. Members review submitted materials according to State Board-adopted criteria and ensure that the content of materials is in alignment with the grade-level content standards for science. IMAP members review materials for content, as well as program organization, assessment, universal access, and instructional planning and support. IMAP members, in coordination with Content Review Panel (CRP) subject matter experts, decide whether to recommend instructional materials for adoption to the Curriculum Commission.

**What are the important dates?**

Individuals appointed to the IMAP will participate in at least two days of IMAP training and publisher presentations during the first week of April, 2002, and in four days of deliberations, July 9-12, 2002. Both the training and deliberations will be held at the Red Lion Sacramento Inn. Each IMAP member will conduct an independent review of instructional materials submitted for adoption between April 2002 and July 2002, and will report on his or her findings at the deliberations. Each CRP/IMAP panel will produce a report to the Curriculum Commission.

**Application Instructions**

**Completed applications must be received by Wednesday, November 14, 2001.**

**The complete application must be mailed to:**

Curriculum Frameworks & Instructional Resources Office  
California Department of Education  
721 Capitol Mall, 6<sup>th</sup> Floor  
Sacramento, California 95814  
Attn: Kathy Jacobsen  
FAX (916) 657-5437 or 657-5148

**(Please note:** Original signatures are required. If the application is faxed, the original must follow by mail. Incomplete or late applications will not be considered. Emailed applications will not be accepted.)

**A completed application includes:**

- Application Parts I-V with required signatures and signed disclosure statement
- Additional pages in answer to the written response questions (part III), if necessary
- Applicant's abbreviated curriculum vitae/resume (2-3 pages)

**Questions?**

If you have any questions regarding the application packet, please contact Kathy Jacobsen, Education Programs Consultant in the Curriculum Frameworks & Instructional Resources Division (CFIR) at (916) 657-4892, (kjacobse@cde.ca.gov).

Life Sciences      Earth Sciences      Physical Sciences

**Briefly describe your current (or most recent) responsibilities.** If you are a classroom teacher, include the classes you are currently teaching and the grade level(s).

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**Previous Experience.** Have you served as an IMAP (previously IREP) or CRP previously? If so, when? Have you had recent experience with a formal process involving instructional materials review or adoption?

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Indicate below language(s) other than English in which you are academically fluent:

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

The following information is optional but would be helpful to ensure that the advisory body has balanced representation. (Government Code Sections 11140-11141).

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> Male
<input type="checkbox"/> African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Female
<input type="checkbox"/> Filipino	<input type="checkbox"/> White	<input type="checkbox"/> Decline to state
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other (specify)	

## Part II – Acknowledgements

Participation on an IMAP is a tremendous professional opportunity and responsibility. It represents a significant commitment of time and personal energy. However, under state law, only appointees' necessary travel expenses and per diem (i.e., lodging, meals, and incidental expenses) are reimbursable within prescribed limits. Individual stipends and employer reimbursements for substitute personnel are NOT available. In acknowledgment of the commitment and the financial limitations, the following signatures are required.

<b>Applicant's Acknowledgment</b>	
<p>I understand that this application becomes public information when submitted. I also understand that serving as a member of an IMAP is demanding in terms of time and personal energy for a period of about three months. (Please see Attachment B for specific dates). I expressly recognize that, if appointed as a IMAP member, <b>I must:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Participate in training on responsibilities and procedures of the Instructional Materials Advisory Panel and listen to presentations by publishers submitting materials for adoption consideration during the first week of April, 2002.</b></li> <li>➤ <b>Expect to spend a substantial amount of time conducting my independent review of the materials submitted for consideration as assigned to me; and</b></li> <li>➤ <b>Participate in the CRP/IMAP deliberations, July 9-12, 2002.</b></li> </ul>	
Printed Name of Applicant	
Signature of Applicant	Date

<b>Supervisor's/Employer's Acknowledgment (Optional for college or university level)</b>			
<ul style="list-style-type: none"> <li>➤ <b>We understand that the evaluation of instructional materials is personally and professionally demanding.</b></li> <li>➤ <b>We have read the information provided above concerning the Science IMAP and CRP processes. To the extent that we have any questions, they have been answered.</b></li> <li>➤ <b>We believe this applicant is knowledgeable, creative, flexible, responsible, and capable of contributing meaningfully and constructively in this evaluation process.</b></li> <li>➤ <b>We believe this applicant works well with others.</b></li> <li>➤ <b>We recommend this applicant for appointment to an IMAP.</b></li> <li>➤ <b>If this applicant is appointed to the Science IMAP, <i>our organization will provide release time and other support as mutually agreed to by the organization and the applicant in order to facilitate the applicant's participation.</i></b></li> </ul>			
Printed Name of Immediate Supervisor (e.g. School Principal)		Printed Name of Authorized Employer Representative (e.g. District Superintendent)	
Signature of Immediate Supervisor	Date	Signature of Authorized Employer Representative	Date

### Part III – Short Written Response Questions

Please address each of the following questions thoughtfully and concisely. You may use additional sheets if necessary, but you are encouraged to fit your answer into the space provided.

1. Briefly summarize in expository style the key ideas and philosophy of the California *Science Content Standards for California Public Schools*, (adopted October 1998), and the State Board-approved *Criteria for Evaluating K-8 Science Instructional Materials* (adopted March 1999).

2. Describe your areas of science content strength and experience. Identify a particular topic and grade level, and describe how you would treat this topic leading to mastery of the specified science content standard(s) for that grade level. If appropriate to the lesson(s) described, show how you would incorporate the Investigation and Experimentation strand in the context of the specified content.

3. Explain why you would like to serve as an IMAP member and how your academic and professional background, preparation, and experience qualify you for this task.

**Part IV - Professional References**

Professional References: Please list three professional references. These should be people unrelated to you who are familiar with your work, background, and talents.

1. Reference's Name	Position	
Address	Phone Number	
City	State	Zip Code

2. Reference's Name	Position	
Address	Phone Number	
City	State	Zip Code

3. Reference's Name	Position	
Address	Phone Number	
City	State	Zip Code

Letter(s) of Recommendation: Letters of recommendation may be attached, but are not required.

**Part V**

State of California  
**State Board of Education**  
*Advisory Body Disclosure Statement*

		(    )	(    )
First Name	Last Name	Home Phone	Business Phone

  

Street Address	City	State	Zip

Your answers below will serve as the disclosure of certain information required by California Code of Regulations, Title 5, Division 1, Chapter 20, Subchapter 5, State Board of Education—Conflict of Interest Code, §18600, General Provisions.

According to the State Board of Education Conflict of Interest Code (Attachment A), instructional materials evaluation panel members are considered to be in Disclosure Category I. This requires disclosure of “investments, business positions, and income to the extent that they know or have reason to know that the business entity in which the investment or business position is held or the source of income is a publishers, manufacturer, or vendor of instructional materials, or services offered to educational institutions in the State of California.” Such evaluators are also required to disclose investments, positions of management, and/or income from any private school in the State of California. Applicants accepted for service on a CRP or IMAP will be required to fill out a FPPC Form 700, Statement of Economic Interests, disclosing any investments/income in these categories.

Your candid and complete answers to the following questions will assist in determining your eligibility for appointment if any questions arise.

1. Are you, or your spouse, currently employed by or currently under contract to any person, firm, or organization that has submitted or is likely to submit instructional materials for adoption in the State of California?

\_\_\_ Yes    \_\_\_ No    \_\_\_ Uncertain

If Yes or Uncertain, please explain and provide as much detail as possible. Include when the employment or contract began and ended.

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2. Have you, or your spouse, ever been employed by or had any other kind of contractual relationship with any person, firm, or organization that has submitted or is likely to submit instructional materials for adoption in the State of California?

\_\_\_ Yes    \_\_\_ No    \_\_\_ Uncertain

If Yes, or Uncertain, please explain and provide as much detail as possible. Include when the employment or contract began and ended.

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3. Do you, or your spouse, expect to receive any royalty payments from any publishers, previous publications, or standby consulting during the period from April 2001 through April 2002?

☐ Yes    ☐ No    ☐ Uncertain

If Yes, or Uncertain, please explain and provide as much detail as possible. Include when you or your spouse received or will receive payment.

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4. Were you, or your spouse, within the past year, an author, contributor, editor of (or consultant on) any textbook, other curriculum material, or project proposal that is likely to be submitted for the 2002 History-Social Science, Visual and Performing Arts, or Science Follow Up Adoptions?

☐ Yes    ☐ No    ☐ Uncertain

If Yes or Uncertain, please explain and provide as much detail as possible.

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5. Have you, or your spouse, received compensation within the last year, or do you expect to receive compensation, or do you have, or did you have within the last year, any other kind of contractual relationship with any organization which is either a subsidiary, parent organization, or "sister organization" of any entity that has submitted or will submit instructional material for adoption in the State of California?

☐ Yes    ☐ No    ☐ Uncertain

If Yes or Uncertain, please explain and provide as much detail as possible. Please include when you or your spouse received or will receive any compensation and the dates when the contractual relationship began and ended.

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**Signature**

**Date**

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